



INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet of

Complete if Known

Application Number	10/695,513
Filing Date	October 28, 2003
First Named Inventor	Love et al.
Group Art Unit	2681
Examiner Name	UNKNOWN
Attorney Docket Number	CE10354R

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US -2003/0095605	05/22/2003	Das et al.	
		US -2002/0075838	06/20/2002	Choi et al.	
		US -2002/0115464	08/22/2002	Hwang et al.	
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FOREIGN PATENT DOCUMENTS

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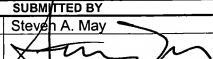
Examiner Signature	/April Guzman/	Date Considered	12/19/2008
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation, if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English Language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /ASG/

<p>1502 AUG 02 2004 PATENT & TRADEMARK</p> <p style="font-size: 1.2em; font-weight: bold;">FEE TRANSMITTAL</p> <p>Patent fees are subject to annual revision</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <p>Application Number: 10/695,513</p> <p>Filing Date: October 28, 2003</p> <p>First Named Inventor: Robert T. Love</p> <p>Examiner Name: UNKNOWN</p> <p>Group Art Unit: 2681</p> <p>Attorney Docket No.: CE10354R</p>																																																																																																																																																																																															
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<p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: 502117</p> <p>Deposit Account Name: Motorola, Inc.</p> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>		<p>FEE CALCULATION (continued)</p>																																																																																																																																																																																															
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<p>Name (Print/Type): Steven A. May</p>		<p>Registration No.: 44,912</p>																																																																																																																																																																																															
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